

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10787123**

FILING DATE **02-21-04**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4		①				
5		①				
6		①				
7		1				
8		1				
9		1				
10		1				
11		1				
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43		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	2		2		2	
TOTAL DEP.	26		26		26	
TOTAL CLAIMS	28		28		28	

	IND	DEP	IND	DEP	IND	DEP
51		1				
52	1					
53		1				
54		1				
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99						
100						
TOTAL IND.	2		2		2	
TOTAL DEP.	26		26		26	
TOTAL CLAIMS	28		28		28	